

|                        |                    |                      |                        |                         | EXAMINING GROU       |  |  |  |  |  |  |
|------------------------|--------------------|----------------------|------------------------|-------------------------|----------------------|--|--|--|--|--|--|
| A 78 (CTC)             | Docket No.         |                      |                        |                         |                      |  |  |  |  |  |  |
| AME                    | 1155-0271P         |                      |                        |                         |                      |  |  |  |  |  |  |
| Application            | on No.             | Filing               | Date                   | Examiner                | Art Unit             |  |  |  |  |  |  |
| 10/607,519-Conf. #6031 |                    | June 27              |                        | A. L. Woodwai           | rd 1711              |  |  |  |  |  |  |
|                        |                    | <del> </del>         | <u> </u>               | <u> </u>                |                      |  |  |  |  |  |  |
| Applicant(s): Ma       | saniro SAVVAD      | A et al.             |                        |                         |                      |  |  |  |  |  |  |
|                        |                    |                      |                        |                         |                      |  |  |  |  |  |  |
|                        | ALUDE DEOIL        | COMPOSITIO           | NI ANID MOLI           |                         |                      |  |  |  |  |  |  |
| Invention: POLYA       | AMIDE RESIN        | COMPOSITIO           | N AND MOLI             | DED ARTICLE THEF        | (EOF                 |  |  |  |  |  |  |
|                        |                    |                      |                        |                         |                      |  |  |  |  |  |  |
| MS AF                  |                    |                      |                        |                         |                      |  |  |  |  |  |  |
| Commissioner for       | Patents            |                      |                        |                         |                      |  |  |  |  |  |  |
| P.O. Box 1450          | · atomto           |                      |                        |                         |                      |  |  |  |  |  |  |
| Alexandria, VA 22      | 313-1450           |                      |                        |                         |                      |  |  |  |  |  |  |
| Transmitted here       | with is an ame     | ndment in the        | above-identif          | ied application.        |                      |  |  |  |  |  |  |
| The fee has been       | n calculated an    | d is transmitte      | d as shown b           | elow.                   |                      |  |  |  |  |  |  |
| CLAIMS AS AMENDED      |                    |                      |                        |                         |                      |  |  |  |  |  |  |
|                        | Claims             | Highest              |                        |                         |                      |  |  |  |  |  |  |
|                        | Remaining<br>After | Number<br>Previously | Number<br>Extra Claims |                         |                      |  |  |  |  |  |  |
|                        | Amendment          | Paid                 | Present                | Rate                    |                      |  |  |  |  |  |  |
| Total Claims           | 9                  | - 20 =               |                        | х                       |                      |  |  |  |  |  |  |
| Independent            | 1                  | - 3 =                |                        | x                       |                      |  |  |  |  |  |  |
| Claims                 | 1                  |                      |                        |                         |                      |  |  |  |  |  |  |
| Multiple Depend        | dent Claims (ch    | eck if applicabl     | e)                     |                         |                      |  |  |  |  |  |  |
| Other fee (pleas       | se specify): F     | Extension for res    | ponse within s         | econd month             | 330.00               |  |  |  |  |  |  |
| TOTAL ADDIT            |                    |                      |                        |                         |                      |  |  |  |  |  |  |
|                        | 330.00             |                      |                        |                         |                      |  |  |  |  |  |  |
| x Large Entity         | •                  |                      |                        | Small Entity            |                      |  |  |  |  |  |  |
| No additiona           | al fee is require  | ed for this amer     | ndment.                |                         |                      |  |  |  |  |  |  |
|                        | D                  | sassat Nia           | •                      | - Al                    |                      |  |  |  |  |  |  |
|                        | ge Deposit Acc     |                      |                        | n the amount of \$      | •                    |  |  |  |  |  |  |
|                        | • •                |                      |                        |                         |                      |  |  |  |  |  |  |
| X A check in the       | he amount of \$    | 330.00               | to cover               | the filing fee is enclo | sed.                 |  |  |  |  |  |  |
| Payment by             | credit card. Fo    | orm PTO-2038         | is attached.           |                         |                      |  |  |  |  |  |  |
|                        |                    |                      |                        |                         | 00 0440              |  |  |  |  |  |  |
|                        |                    |                      |                        | Deposit Account No      | 02-2448              |  |  |  |  |  |  |
|                        | d below. A dup     |                      | inis sneet is e        | enciosea.               |                      |  |  |  |  |  |  |
| x Credit a             | ny overpaymer      | nt.                  |                        |                         |                      |  |  |  |  |  |  |
| , x Charge             | any additional fil | ing or applicatio    | n processing           | fees required under 37  | ' CFR 1.16 and 1.17. |  |  |  |  |  |  |
| d Wu O                 |                    | 8977                 | ,                      | <b>-</b>                |                      |  |  |  |  |  |  |
| 4 1 Mys                | MY                 |                      |                        | Dated:                  | August 2, 2005       |  |  |  |  |  |  |
| Raymond C. St          |                    |                      |                        |                         |                      |  |  |  |  |  |  |
| Attorney Reg. N        | No./ /2/1,066      |                      |                        |                         |                      |  |  |  |  |  |  |
| BIRCH, STEW            | AŔT, KOLASC        | H & BIRCH, LI        | _P                     |                         |                      |  |  |  |  |  |  |
| 8110 Gatehous          | se Rd              | ·                    |                        |                         |                      |  |  |  |  |  |  |
| Suite 100 East         |                    |                      |                        |                         |                      |  |  |  |  |  |  |
| P.O. Box 747           | ,,,,,,,,,,         |                      |                        |                         |                      |  |  |  |  |  |  |
| Falls Church, V        |                    | 0747                 |                        |                         |                      |  |  |  |  |  |  |
| (703) 205-8012         | :                  |                      |                        |                         |                      |  |  |  |  |  |  |
|                        |                    |                      |                        |                         |                      |  |  |  |  |  |  |
|                        |                    |                      |                        |                         |                      |  |  |  |  |  |  |

for

AF Fall

PTO/SB/17 (12-04v2)

| OIPE         |  | d. Badustias Ast of 1005                           |  |          | U.S. F               | atent and Trader | nark Office; U.S. Di     | EPARTMENT C    | F COMMERCE   |  |  |  |
|--------------|--|--|--|----------|----------------------|------------------|--------------------------|----------------|--------------|--|--|--|
| 7            |  | ed to le   | respond to a collection of information unless it displays a valid OMB control number.  Complete if Known |          |                      |                  |                          |                |              |  |  |  |
| 0 2 2005     | Fees pursuant to the Co  | 18).   | Application  |          | onf. #6031           |                  |                          |                |              |  |  |  |
| AUG 0 2 2005 | ⊌ FFF T  |  | Filing Date  |          | June 27, 2003        |                  |                          |                |              |  |  |  |
|              | FEE TRANSMITTAL  |  |  |          | First Named Inventor |                  | Masahiro SAWADA          |                |              |  |  |  |
| TRADEMARK    | For FY 2005  |  |  |          |                      | Examiner Name    |                          | A. L. Woodward |              |  |  |  |
|              | Applicant claims small entity status. See 37 CFR 1.27  |  |  |          | Art Unit             |                  | 1711                     |                |              |  |  |  |
|              | TOTAL AMOUNT O   |  | Attomey Do   | cket No. |                      |                  |                          |                |              |  |  |  |
|              | METHOD OF PAY  | MENT (check all the                                | at apply)  |          |                      |                  |                          |                |              |  |  |  |
|              | X Check C  | redit Card M                                       | oney Order   | None     | Ot                   | her (please iden | itify):                  |                |              |  |  |  |
|              | Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP |  |  |          |                      |                  |                          |                |              |  |  |  |
|              | For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)     |  |  |          |                      |                  |                          |                |              |  |  |  |
|              | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                     |  |  |          |                      |                  |                          |                |              |  |  |  |
|              | X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17                        |  |  |          |                      |                  |                          |                |              |  |  |  |
|              | FEE CALCULATION  |  |  |          |                      |                  |                          | · ·            |              |  |  |  |
|              | 1. BASIC FILING, SE  | ARCH, AND EXAM                                     | INATION FEES   |          |                      |                  |                          |                |              |  |  |  |
|              | ·  |  | FEES   | SEA      | RCH FEES             |                  | NATION FEES              |                |              |  |  |  |
|              | Application Type   | Fee (\$)   | Small Entity<br>Fee (\$) Fe  | e (\$)   | Small En<br>Fee (\$) |                  | Small Entity<br>Fee (\$) |                | aid (\$)     |  |  |  |
|              | Utility  | 300  |  | 500      | 250                  | 200              | 100                      |                | (47          |  |  |  |
|              | Design   | 200  | 100  | 100      | 50                   | 130              | 65                       |                |              |  |  |  |
|              | Plant  | 200  |  | 300      | 150                  | 160              | 80                       |                |              |  |  |  |
| •            | Reissue  | 300  |  | 500      | 250                  | 600              | 300                      |                |              |  |  |  |
|              | Provisional  | 200  | 100  | 0        | 0                    | 0                | 0                        |                |              |  |  |  |
|              | 2. EXCESS CLAIM F  | EES  |  |          |                      |                  |                          |                | Small Entity |  |  |  |
| •            | Fee Description  |  |  |          |                      |                  |                          | Fee (\$)       | Fee (\$)     |  |  |  |
|              | Each claim over 20 (   |  |  |          |                      |                  |                          | 50             | 25           |  |  |  |
|              | Each independent cla   |  | g Reissues)  |          |                      |                  |                          | 200            | 100          |  |  |  |
|              | Multiple dependent c   | laims  |  |          |                      |                  |                          | 360            | 180          |  |  |  |
|              |  |  | ee (\$)F   | ee Pa    | id (\$)              | _                | lultiple Depend          |                |              |  |  |  |
|              | 9 - 20 =   | ×  | =  |          |                      | Fe               | ee (\$)                  | Fee Paid (\$   | 1            |  |  |  |
|              | Indep. Claims  | Extra Claims Fe                                    | e (\$)F  | ee Pa    | id (\$)              |                  |                          |                | _            |  |  |  |
|              | 3. APPLICATION SIZ   |  | <del></del>  |          |                      |                  |                          |                |              |  |  |  |
|              |  | and drawings exceed                                | 100 sheets of pa   | iper (e  | xcluding el          | ectronically fi  | led sequence of          | r computer     |              |  |  |  |
|              |  | CFR 1.52(e)), the appropriate thereof. See 35 U.S. |  |          |                      |                  | ntity) for each          | additional 50  | )            |  |  |  |
|              | <u>Total Sheets</u><br>- 10  | Extra Sheets 0 =                                   | •  |          |                      | fraction thereo  |                          | Fee F          | Paid (\$)    |  |  |  |
| i            | 4. OTHER FEE(S)  |  |  |          |                      | ,                |                          | Fees           | Paid (\$)    |  |  |  |
|              |  | ification, \$130 fee<br>ling surcharge): 125       |  |          |                      | n second mo      | onth                     | 33             | 0.00         |  |  |  |
|              | SUBMITTED BY   | 5 5/   |  |          |                      |                  |                          |                |              |  |  |  |
|              | Signature  | Hurpinn  |  |          | egistration No       |                  | Telephone                | (703) 205      | 5-8000       |  |  |  |
| 0.7          | Name (Print/Type) Ray  | 1, 1   | <del>'                                     </del>  |          | Attorney/Agent)      |                  | Date                     |                |              |  |  |  |
| 7/1/         | Ray  | Thorig C. Stewary                                  | V  | ·        | 1-07                 | //               | Date                     | August 2       | , 2005       |  |  |  |

I.M.K